

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lily, Badua (ARCH)	CHAPTER 100.1
Address: 260 Ala Malama Ave Kaunakakai, Hawaii 96748	Inspection Date: August 9, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Medication administration record inconsistent with physician/APRN orders:</p> <ul style="list-style-type: none"> <li>• “Clozaril 600mg tab by mouth daily at night” ordered renewed on 10/25/18, however, medication administration record (MAR) reads “Clozaril 200mg tab, 4 tabs by mouth at bedtime” for the months of 10/2018 to 3/2019.</li> <li>• “Quetiapine 25mg tab by mouth 3 times a day” ordered 10/25/18, however, MAR reads “Quetiapine 25mg, 3 tabs daily at bedtime (Seroquel)” for the months of 10/2018 to 3/2019.</li> </ul>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Two (2) ordered medications not listed on MAR:</p> <ul style="list-style-type: none"> <li>• “Benztropine 1mg 1 tab by mouth 2 times a day for 5 days” ordered 8/17/19.</li> <li>• “Nitrofurantion monohydrate/nitrofurantion macrocrystals 100mg cap 1 cap by mouth 2 times a day with meals for 7 days” ordered 8/17/19.</li> </ul>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_